



## Editorial

### The Harry L. Arnold Jr. MD Hawaii Medical Journal Case of the Month

Norman Goldstein MD  
Editor



Harry L. Arnold Jr. MD

A new feature for the Hawaii Medical Journal will be introduced with the January 1998 issue. Our new monthly feature, "The Harry L. Arnold, Jr. MD / HMJ Case of the Month" will publish case reports from Hawaii.

Reports accepted for publication should represent uniquely Hawaiian, or Pacific Basin, subject matter. We encourage submissions from Hawaii and other Pacific

Basin locations. Our medical practices are rich in content, and this new forum will allow sharing of topical issues in a brief report. We will limit the content to no more than 2 published pages, with no more than 2 total figures, tables, or images, and 10 or fewer references. The Instruction to Authors are published in the June 1997 HMJ issue on page 157.

The purpose of the column is to introduce a forum for presentation of medical problems which are of interest and importance in our region. There are many medical conditions in our region (e.g. Kava dermopathy, leptospirosis, Hansen's disease, tropical pyomyositis) which are culturally or epidemiologically unique. A case report format allows academic discussion of some relatively rare conditions, and serves to refresh the knowledge of those geographically singular diseases we may have come to regard as commonplace. The HMJ will thus become a repository for reports of those disease processes requiring unique knowledge for treatment and diagnosis in our Medical Ohana.

This new feature will honor the Editor of the Hawaii Medical Journal for 41 years, Harry L. Arnold, Jr. MD.<sup>1</sup> We are pleased that Benjamin W. Berg, MD will serve as editor for this new section.

#### References

1. Goldstein, N. Editor: Harry L. Arnold, Jr. MD Festschrift; HMJ Nov 1982, 41, 387-454.

**Until there's a cure,  
there's the  
American Diabetes  
Association**



## Presidents Message

### Leonard Howard MD

In this first message to you as your president, I would like to share with you my thoughts about the role of the HMA in the current medical practice environment. We constantly hear comments that the reason we don't have physicians beating down our doors to join is that we lack relevance. Is this really the case, or are other factors impacting on us? What does the charge mean? The term itself is simple: **Relevant** - *bearing upon or relating to the matter in hand; pertinent; to the point.* Let us look at some of the current and some continuing activities of the HMA and see if we lack relevance. What is going on now that is of concern to the HMA?

**PGMA bankruptcy** - When it was announced that PGMA was folding and that many thousands of patients would be without care, and that many physicians would not receive payment for care already delivered to subscribers, the HMA got involved. We attended the court hearings, listened to the legal dealings, and realized that the physicians were going to take their place far down the line of individual creditors if the stated goal of "Keeping the hospitals happy" was carried out. When this was reported to HMA Council, Dr Ali Bairos reported his solution of filing a small group lawsuit. Council voted to join with Dr. Bairos and, in addition, survey all HMA physicians as to their outstanding claims. When all reports were in, the HMA physicians, as a group, represented by far the largest creditor. Dr Spangler and I set up a meeting with the State Insurance Commissioner, Rey Grauly, and the lawyers handling the reorganization process. The concerns of the HMA were expressed, and we received assurances that the HMA would be treated in the same manner as the hospitals, pharmacies, and other health care providers. In September we received a progress report from Mr Grauly's office which affirmed this assurance. A summary of this report will be published in the Hawaii Medical Newsletter. Relevant? You bet!

**Tort Reform** - In mid-September we received a notice from the Committee on Judiciary of the House that there would be a Public Hearing on Tort Reform held on Oahu Thursday, November 13, 1997. Because we represent the physicians of Hawaii, we were sent this notice, requesting us to testify. Our testimony is already drafted, and will be presented to Chairman Tom's committee at the hearing. We were already aware of the Administrative interest in Tort Reform because of an invitation to join a coalition of interested parties to lobby for tort reform in this coming session. Your HMA was represented at the first two meetings of the coalition, where we were very forthright in our insistence that relief from joint liability would not be extended to the tobacco industry. When the tobacco lobbyist showed up at the second meeting and offered RJR money to put on a dinner on Maui, we withdrew from the coalition. HMA Council approved this action. In this situation, the HMA will provide strong testimony for tort reform as we did in the past. Our last involvement with tort reform resulted in the formation of the Patient Conciliation Panels, one of the most successful methods of reducing the number of medical malpractice suits in Hawaii.